

## **Retail Food Establishment Inspection Report**

Floyd County Health Department Telephone:812-948-4726 X\varphi\varphi\varphi\varphi

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

			in of each violation is specified in the harrative portion of the				
Establishm				Telephone Number	Date of In (mm/dd/y		PERMIT#
Coffee	CADA	NIK	14	988-465-6067	l' , '	19	19-67
Establishme	ent Addres \\(\(\(\)\(\)\(\)	s (nu p	mber and street, city, state, zip code) NEW ALBANY, IN 47150	502-214-0196	1115	1, 1, 4	
Owner	TIMITIM	1 '	HOW MIDNING THOU	Purpose:	Follow-u	ın Releas	se Date
	3utts			1. Routine	No Today		
Owner's Ac	ddress			2. Follow-up Summary of Violations:			
				3. Complaint			,
Person in C	Y	vi)	(ele	4. Pre-Operational	c_2	_ NC	R_Ø
Responsible	,			5. Temporary	Menn Tv	pe (See back	of nage)
			• •	6. HACCP	14103111 3.3	po (see buck	oj page)
Certified F		•	1 (111 1	7. Other (list)	12	<u>X_3</u>	_45
Danie	<u> </u>	<u> Mi</u>	naham (11/15/20 <b>22</b> )				•
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative			T -	orrected By
171	С		Observed employee funneling	g ice into drir	ıΚ	Retra	in Staff
			with bare hand.				_
294	С		Measured sanitizer at	less than		Corre	ected
			reccommended concent	tration.			
324	NC		Observed leak under o		,		
431	NC		observed spill under a	old bar sin	K	Tod	$\overline{aV}$
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	_						
	-	-					
Received by (name and title printed):  Inspected by (name and title printed):							
Savannah Sixele Store Manager Tylor Smith, Etho A.). Ingram (Exis)							
Received by (signature):  Inspected by (signature):							
Salahnah Sitele Sylusmik 9							
cc: cc:							
					I		